Case 1:07-cv-00798-M	Complete items 1, 2, 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to	complete esired. the reverse you.	A. Signature  X Dull Will and Light and Addresser  B. Received by (Printed Name)  C. Date of Delivery	
	a Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  D. Is delivery address different from item 1? If YES, enter delivery address below:		_	
	Segrest, Esq.		070	V198
	Jere Segrest, Esq. P.O. Box 1469 P.O. Box AL 36302 Dothan, AL 36302		3. Service Type  Certified Mail Express Ma Registered Insured Mail C.O.D.	il olpt for Merchandise
			4. Restricted Delivery? (Extra Fee)	☐ Yes
	Article Number     (Transfer from service label)	7006 276	0 0002 4407 2483	
	PS Form 3811, February 2004	Domestic Retu	urn Receipt	102595-02-M-154